

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Flu</i>		<i>1/10/00</i>
O.I.P.E. CLASSIFIER	<i>Rsb</i>		<i>1/24/00</i>
FORMALITY REVIEW		<i>1-11-00</i>	<i>2-10-00</i>
RESPONSE FORMALITY REVIEW		<i>1-11-00</i>	<i>2-15-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	0
8	✓
9	✓
10	0
11	✓
12	0
13	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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